

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <b>09827900</b>	FILING DATE <b>04-09-01</b>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<b>6</b>							
TOTAL DEP.	<b>33</b>							
TOTAL CLAIMS	<b>39</b>							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								